HAWAII STATE ETHICS COMMISSION **DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Kim, Donna Mercado	Senator
	TERM OF OFFICE (Begin/End):
	11/07/00 /

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	 AMOUNT	SERVICES RENDERED
F	State of Hawaii	C	Retirement
			2
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			ck here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

[X]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

	Milership of beneficial interests in businesses transi			
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRAN PERIOD	DATE OF TRANSFER		
				·
				:
				<u> </u>
[x]Chec	k here if entry is None		Check here if additiona	al sheets are attached
	ITEM ame and address of each creditor to whom the value nount and amount outstanding (excluding debts aris			
F,SP,	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT	AMOUNT
DC,JT	The state of the s		OWED	OUTSTANDING
TITE	Don't of House			T
JT	Bank of Hawaii		F	F
F	Bank of Hawaii		G	G
	·			
f 1Chec	ck here if entry is None	. [Check here if addition	al sheets are attached
	ITEM 5: OFFICERSHIPS	DIRECTORSHIPS, T	RUSTEESHIPS	
List every organizati	officership, directorship, trusteeship, or other fiduci on, the term of office, and the annual compensation	ary relationship held duri	ng the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
		*		
				•
[AChe	ck here if entry is None	. []Check here if addition	al sheets are attached

[*]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JТ	1528 Onipaa St., Honolulu 96819	1-1-33-54	H
F	1745 Ala Amoamo St., Honolulu 96819	1-1-1-32-1	Н
	·		
			·
. 10ha	Ar have if antiny in Name	[]Check here if additional	shoots are attached

]Check here if entry is None

F,SP

DC,JT

TAX MAP KEY NUMBER & STREET ADDRESS

[]Check here if additional sheets are attached

NAME OF PERSON

ONCIDEDATION

RECEIVING THE

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

AMOUNT & NATURE OF

CONSIDERATION PAID

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

1			CONSIDERATION
	•		
Check here if additional sheets are attached			

[X]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION	
		·		

[X]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			O4 APR 29	RECEIVED
	re if entry is None		HANDA COMMISSION	

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

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1-15-04

DATE

SIGNATURE